COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name First Name MI

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19		____/____/____ mm dd yy	
2nd Dose COVID-19		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

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